

PTO/SB/17 (07-07)
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| orida di Papara di Reddollo in Act di 1000, no person are reddi | | | | Complete if Known | | | | | |
|---|---------------------|--------------------|----------------------------------|-------------------------|------------------------------------|-----------------------|--------------------|-------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | | | 0/696,560-Conf. #5907 | | | |
| FEE TRANSMITTAL | | | | | | October 30, 2003 | | | |
| | | | | First Named Inventor Er | | ric R. Fossum | | | |
| For FY 2007 | | | | Examiner Name K. | | K. K. Pyo | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit 28 | | 2878 | 878 | | |
| TOTAL AMOUNT OF PAYMENT (\$) 920.00 | | | | Attorney Docket No. Ma | | M4065.0629/P | 14065.0629/P629 | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| Check X Credit Card Money Order None Other (please identify): | | | | | | | | | |
| X Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | |
| Application Ty | Small Entity | | ARCH FEES Small Entity Fee (\$) | EXAMII | NATION FEES Small Entity Fee (\$) | Fees Pa | aid (\$) | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | mall Entity | |
| Fee (\$) Fee (\$) | | | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | | 25 | |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 | 100 | |
| Multiple dependent claims 360 180 | | | | | | | | | |
| Total Claims Extra Claims Fee (\$) Fee F | | | | Paid (\$) | Multiple Dependent Claims | | | | |
| | -= X = | | | Fee | | ee (\$) | (\$) Fee Paid (\$) | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | | |
| Indep. Claims | ep. Claims | | Paid (\$) | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | |
| - 100 = /50 = (round up to a whole number) x = | | | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | |
| | Specification, \$13 | 0 fee (no small er | tity disc | ount) | | | | | |
| Other (e.g., late filing surcharge): 1464 Petitions to the Director not specifically 130.00 1801 Request for continued examination (RCE) (see 37 790.00 | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | |
| Signature | . Tono | | | Registration No. | 28,371 | Telephone | (202) 420 | -2232 | |
| | Thomas J. D'Amico | | | (Attorney/Agent) | | Date | August 15 | | |